## Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:
SECRETARY OF THE SENATE
PUBLIC RECORDS
2018 APR -3 PM 2: 03

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

The original Event.	r me. I also certify tha	orization (Form RE-1), A	NID	
⊠ A <u>copy</u> of the <i>Prive</i>	ate Sponsor Travel Ce	rtification Form with all	attachments (itinera	
Private Sponsor(s) (lis	t all): Healthcare In	formation and Mana	gement Systems	Society (HIMSS)
Travel date(s): March	า 5-7, 2018			
Name of accompanying	ng family member (if a	ny): N/A		
	er:   Spouse		•	
	COSTS IN EMPLOYEE	EASE DUE TO THE ACCENSES. (Attach additional)		JSE OR DEPENDENT CHILD, ONLY ry.)
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☑ Good Faith Estimate ☑ Actual Amount	\$623.85	\$298	\$236.57	\$795 (govt rate; conference registration fee waived) \$350 (preconference
Actual Amount				symposia fee waived)
Expenses for Accomp	<u> </u>	ependent Child (if applied	<u> </u>	T
	Transportation  Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate				
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	·			ality. This helped me with my job.
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4-3-18	Mobile	Burness		

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

4/2/B





#### Congressional Staff Agenda

Location: Sands Expo Center, Las Vegas, NV March 5 – 9, 2018

Access Full Conference Information here: <u>HIMSS18</u>

<u>All activities are at Sands Expo Center unless otherwise noted.</u>

<u>All times are Eastern Time (EST).</u>

\*\*Note: All events and receptions listed on this agenda are open to all conference attendees\*\*

## Monday, March 5<sup>th</sup>, 2018

<del></del>	arrives in Las Vegas
8:00 AM —	Full Day Preconference Symposia and Workshops (ongoing for 8
4:30PM	hours):
Breakdown:	Business of Healthcare Symposium: Going from Good to Great in a Value-Based World
8:15-9:15am –	The transition from fee-for-service to pay-for-value payment models is one of
education	the greatest financial challenges the U.S. healthcare system faces. Realizing
session	the full potential of these arrangements requires a level of communication, information sharing, and data integration never contemplated in our historical
9:30-10:30am -	fee-for-service world. Explore how some of the most successful organizations
education	are navigating these previously uncharted waters by reimagining their patient
session	engagement strategies, contracted provider arrangements, and approach to data analytics, as well as the legal issues that must be taken into
10:45-11:45am	consideration when executing these new strategies.
<ul><li>education</li></ul>	
session	OR
11:45am-	Innovation Symposium: Innovation as a Strategic Imperative
12:45pm – lunch	
12:45-1:45pm –	ability to meet evolving consumer needs. Organizations that have embraced innovation as a core part of their cultural fabric are more vibrant, enjoy better
education	customer and employee satisfaction, and manage new challenges gracefully.
session	However, there is not a "one-size-fits-all" approach to innovation. Explore the many facets of innovation in healthcare organizations – including innovation
2-3pm –	types, models and applications; examples of successful innovation programs;
education	organizational abilities and readiness for change; and more.
session	
3:15-4:15 <b>–</b>	OR
education	Interoperability and HIE Symposium: Facilitating Person-Centered
session	Interoperable HIE to Manage Complex Populations
	Patients' lives, the health and security of our nation's citizens, and the health
	of the US economy are - in part - reliant on ensuring the right people have the
	right access to the right health information at the right time. While we have
	made great strides over the past generation, seamless, secure, nationwide
	interoperable health information exchange continues to elude us. Although
	there have been major investments and policies designed to drive standards
	development, interoperability, and health information exchange, significant barriers and challenges exist. Explore how points of leverage in technology
	and policy can be used to exploit market-based solutions to this dilemma. A
	particular focus is current solutions to the requirements of serving complex
	particular rocus is current solutions to the requirements of serving complex

patients in the context of population health management and new

reimbursement models. Because semantic interoperability is not the norm, challenge today's proven solutions and frameworks, and explore cutting-edge ideas in interoperability that will transform the exchange of health information. Is the future of healthcare destined to be incremental or will innovation and economics drive a great leap forward? Take a closer look at the interaction of technologies with policies, payment reform, emerging standards, and use cases that are furthering our progress toward true healthcare transformation in an interoperable world.

#### OR

# Coordinated and Connected Care Symposium: Tackling the Challenge of Connected and Coordinated Care

Today's healthcare ecosystem is embracing a collaborative, person-centric approach to care throughout all stages and aspects of life. Care teams increasingly incorporate formal and informal members from many organizations and include family members, friends and others from outside the healthcare system. This shared decision-making is increasingly information-driven and interdependent, and ensuring coordination is challenging. Discover strategies for identifying and tackling these challenges, including leadership roles, technical skills, and IT and management strategies.

#### **OR**

# Long-Term and Post-Acute Care (LTPAC) Symposium: Digital Health in and with LTPAC Settings

Long-term and post-acute care (LTPAC) provider organizations have long played an important yet frequently overlooked role in the U.S. healthcare delivery system. Now, as LTPAC organizations are elevating in prominence in the current healthcare ecosystem via ACOs and population health initiatives, there is a renewed interest in ensuring they have a visible presence in digital health. Following the Certified Associate in Healthcare Information and Management Systems (CAHIMS) certification roadmap, explore issues that LTPAC organizations should consider in leveraging digital health technologies to support their internal and external clinical data needs, and how hospitals, consultants and vendors can best address the specific digital health concerns and challenges of LTPAC organizations.

#### OR

# Precision Medicine Symposium: Journey to the Summit Using Clinical and Business Intelligence

Precision medicine is a fast-evolving field of healthcare that is approaching the mainstream tipping point. Clinical and business intelligence (C&BI) is instrumental in transitioning precision medicine to routine care by delivering analytics, data interoperability and data sharing among the ecosystems' stakeholders (laboratories, health systems, pharma, EMR vendors, research and payers) to inform decision-making in the provider workflow. Explore the precision medicine journey to the summit using C&BI, including the current landscape, future vision, and stakeholder challenges and perspectives.

#### 5:00 - 6:30 PM

## HiMSS18 Opening Keynote

Technology for a Healthier Future: Modernization, Machine Learning, and Moonshots with Eric Schmidt, Executive Chairman of Alphabet Inc. (parent company of Google

6:30 - 8:00 PM	HIMSS18 Opening Reception
	Come celebrate to kick off our conference! Network your way through an evening with live music, food, and friendly conversation. Connect with industry leaders and colleagues alike at this special event open to all registered HIMSS18 conference attendees.  **No alcohol will be provided or served to Senate staff**
7:00 - 9:00 PM	HIMSS18 Public Policy Leaders Dinner
	Location: TBD
	<u>Description:</u> Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states.  **No alcohol will be provided or served to Senate staff**

Tuesday, March 6th, 2018

[9:30 AM _ 6:00 —	HIMSS18 Exhibition Hall with live technology demonstrations,—
iPM	presentations, and sessions
(When not attending concurrent educational sessions or for non-scheduled time)	<u>Description:</u> Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and more.
-PM	Time operability offowers
(When not attending concurrent educational sessions or for non-scheduled time)	<u>Description:</u> Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
[8:30 <u>-</u> 9:30 AM	Views from the Top – How CMS is Leveraging Information and
	Technology in Medicare and Medicaid CMS Administrator Seema Verma
	<u>Description:</u> Administrator Verma is excited to discuss her efforts to advance interoperability and patient ownership of healthcare data, to most effectively leverage the latest technologies for patients in Medicare and Medicaid.
8:30 <b>–</b> 9:30 AM	Concurrent Education Sessions:
	Advancing Digital Health in Canada This session will share the Canadian experience to develop and implement a strategy to integrate clinical informatics competencies into the academic faculty curricula for Medicine, Nursing and Pharmacy. Canada has invested in the building of the electronic health record infrastructure since 2001, and in 2007, it was recognized that to build sustainable change in healthcare, the preparation of clinicians needed to be addressed as well. This award winning 10 year program began by establishing a governance and leadership structure for each faculty then building upon that to create a collaborative among all the faculties. In the course of developing discipline specific clinical informatics competencies, it was discovered that much of the content could be leveraged across the clinical faculties. A Peer to Peer learning approach

was implemented, with Faculty Peer Leaders taking responsibility to disseminate the competencies into curriculum and into clinical practice.

#### OR

## Managing Medical Device Cybersecurity Vulnerabilities

Medical device cybersecurity continues to evolve. Multiple initiatives are working to improve device cybersecurity, to include development of a Common Vulnerability Scoring System (CVSS) rubric to assess device vulnerability impact and severity; the use of Information Sharing and Analysis Organizations (ISAOs) to help broker medical device vulnerability management; maturing coordinated disclosure processes; device cybersecurity criteria development and testing; and table top exercises to validate vulnerability handling procedures. This session will characterize these initiatives, as well as the relevant FDA and community roles, in helping to realize safer, more secure device clinical operation and use.

#### OR

### A Framework to Support Measure Development for Telehealth

Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies. The Health Resources and Services Administration (HRSA) defines telehealth as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration". The U.S. Department of Health and Human Services (HHS) called upon the National Quality Forum (NQF) to convene a multistakeholder Telehealth Committee to recommend various methods to measure the use of telehealth as a means of providing care. The Committee was charged to develop a measurement framework that identifies measures and measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities.

#### **OR**

#### Beyond the Pilot: Value-Driven Innovation

Many institutions experience "death by 1000 pilots," where cutting-edge technologies are implemented for a few months in a few departments, but lasting changes in workflow and culture are never realized. MD Anderson's first Chief Innovation Officer will explore ways to overcome the proverbial "wall of no" and "we've tried that before" attitudes that stifle innovation. Attendees will learn how to scope problems appropriately, which stakeholders to engage at each step of the innovation process, and how to differentiate true pilots from long-term solutions.

#### 9:30 - 10:30 AM

#### HIMSS Staff Led Tour of the HIMSS18 Exhibition Hall

<u>Description:</u> To help familiarize attendees with layout of Exhibition Hall and key specialty areas, including Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, and Intelligent Health Pavilion

#### 10:00 **–** 11:00 AM

### **Concurrent Education Sessions:**

## Enabling a Stronger, More Skilled Global eHealth Workforce

Discover how you can become part of the ongoing transatlantic initiative that is making eHealth work! Find out how the EU\*US eHealth Work Project has

been collaborating over the span of 18 months to measure, inform, educate and advance health information technology, digital skills and interprofessional healthcare education on a global level. See the results of what the project has accomplished and hear how we will continue this important work on an ongoing basis through the HIMSS TIGER Initiative. Learn how you can become involved in this groundbreaking and innovative effort to empower the healthcare workforce with digital skills. Bring best practices, tools and resources developed through the project to your institutions. Hear how you and your organization can help educate and train staff, assist interdisciplinary professionals as they progress throughout their careers, and provide management and administration with valuable workforce development benefits now and in the future.

#### OR

## Care Pathways and Data Analytics for Advancement of Healthcare

This session will discuss the intelligent automation and clinical workflow optimization that has allowed for the precise execution of what we already know to systematically marshal our people, processes and technologies which have made a profound difference in how to approach improving clinical and financial outcomes.

#### OR

## Federal Health Community Forum Session

Government policymaking directly impacts healthcare transformation and health IT, and you need to know what to expect. Participate in the three focused sessions of the Federal Health Community Forum that are specifically designed for special audiences interested in discussing government health IT programs. Gain insight into key government health IT initiatives, plans, priorities, and opportunities.

## OR

## Office of the National Coordinator for Health IT (ONC) Session

The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the trusted exchange framework/common agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.

#### OR

## Optimizing Care Transitions Across the Continuum

Implementing a strategy to address transitions of care across a large integrated health network presents many challenges. Increased pressure to improve utilization rates along with new Transitional Care Management billing opportunities has incentivized health systems to find innovative, cost-efficient ways to ensure transitions occur safely and effectively. One large teaching hospital and health system prioritized a strategy to improve care provided to patients after being discharged. This session will discuss a two-fold approach to a cost-efficient model to address this strategy. First, a centralized Transition of Care call center was developed employing Registered Nurses and Medical Assistants who place calls to patients post-discharge; this model works on behalf of the primary care providers (PCPs). Secondly, the workflow for this process was streamlined using various functions within the EHR allowing for an increase in staff productivity.

11:30 – 12:30 PM

#### **Concurrent Education Sessions:**

## Centers for Medicare & Medicaid Services (CMS) Session

The Centers for Medicare & Medicaid Services (CMS) will be presenting on several critical topics in their sessions, including: the agency's quality and innovation work related to its health IT-related Medicare payment policies, including the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Quality Payment Program (QPP), and the Medicaid funding opportunities that exist for providers as well as states in terms of interoperability and Medicaid modernization and modularization.

#### **OR**

## The Impact of Smartphone Technology in Clinical Practice

This session will discuss study findings and demonstrate how implementing a smartphone solution into clinical practice significantly improved physician response times, increased efficiency and transformed care team communication.

#### OR

#### Virtual Reality Gets Real in Healthcare

Recent, real-world case studies in virtual reality (VR) hold promise for medical training as well as operational support. Organizations like the US Army, VA, medical schools, and private hospital systems are exploring new uses. VR is an umbrella term for other areas including augmented reality ("AR") and 3-D. VR and AR technology have advanced to the point where consumer facing immersive VR experiences are accessible at reasonable price points. So far, VR has gotten traction in healthcare mainly as a training and education device, but industry-wide it's a green field for innovation. We've only scratched the surface of VR's potential to disrupt healthcare delivery. New revenue, cost savings and quality gains can be captured from VR across multiple verticals—health system, provider, pharma, payer and consumer. VR can leverage techniques to weave itself into the fabric of healthcare delivery-gamification, social media, narrative, visioning, goal setting and rewards.

#### OR

### **Engaging and Empowering Patients: Redesigning Patient Care**

This session will discuss how we transformed care coordination and the patient experience in our Maryland-based health system by implementing a patient engagement and care coordination platform supported by a fully enabled virtual care team. The program streamlined communication, collaboration and coordination among hospitalists, specialists and PCP's and implemented a well-defined patient engagement strategy. By sharing actionable health information, providing 24/7 access to virtual care teams and managing transitions of care, we achieved a 350% reduction in in-patient transfers, 100% completion of discharge follow ups within 48 hours, more than 50% reduction in readmission and 15% reduction in no-shows. Feedback indicates a vastly enhanced patient experience, improved quality of care and better outcomes. We will also discuss how remote patient monitoring using intelligent medical devices demonstrates significant potential to further these goals.

12:00 - 1:00 PM

#### Federal Health Community Lunch

Description: A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and

networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.

1:00 - 2:00 PM

#### **Concurrent Education Sessions:**

## **Human Factors and Workforce Solutions to Connected Care**

The speakers will examine the enablers of, and barriers to, maximizing health IT work force and human factors in achieving progress as the nation moves toward a more distributed healthcare system by 2025. The speakers will provide an update on cross-sectoral discussions held as part of NEHI's "Healthcare Without Walls" project to identify work force and human factor challenges resulting from increased availability and utilization of digital health, telehealth, remote monitoring, artificial intelligence, and cognitive computing technologies. The speakers will also engage the participants in a discussion around possible solutions, model best practices and tools to address the challenges to enable future progress today.

#### OR

## Closing the Gap: Risk Insights at the Point of Care

Steward Health Care Network is an accountable care organization with 3,500 physicians, 18 hospital campuses, and 25 affiliated urgent care provider locations. Headquartered in Boston, Steward is community-based and physician-led with more than 23,000 employees across four states. With their participation in the Next Generation ACO program, the MassHealth Medicaid ACO and a growing Medicare Advantage footprint, Steward needs to accurately understand patient risk to develop appropriate care programs and ensure appropriate reimbursement to fund those programs. As documentation requirements for continually increase, Steward's investment in a centralized data infrastructure supported a significant financial return and now helps alleviate provider frustration stemming from having to manage patient details in multiple technology platforms. By pushing HCC coding gaps directly to the EHR for provider review, Steward has entered the next phase of a successful risk program.

#### OR

## Safer Transition from the ER Using Asynchronous Virtual Care

Patients leaving the ED lack available post-acute care options, including care coordination. They're at risk to return to the hospital at significant cost, impacting patient safety, care quality, satisfaction with service and readmissions. Emergency Medicine Consultants sought a solution to engage with patients after discharge which would result in higher levels of patient satisfaction, lower readmissions, and lower system leakage. EMC launched Safe Transitions virtual care in Sept 2016. The post-ED safety program leverages text-first telemedicine to offer no barrier, physician access for patient continuity of care inquiries and ongoing treatment. Broadening the traditional ED visit into a patient-centric, acute care episode improves reliability and builds loyalty between patient and system. This session will describe service adoption and care metrics for this unique post-acute ED telehealth application, as well as future service line plans.

#### OR

### Sutter Health: A Health Data Sharing Case Study

Whether they have sought treatment across the street or across the country, they expect their health data to be available to their physicians and themselves. Sutter Health, a non-profit health system in California, is pioneering health data sharing by leveraging national-level interoperability

initiatives like Carequality. They will share best practices in implementing the leading interoperability framework and other health data sharing initiatives, and insights for the future of health data sharing among and between providers, payers, and patients.

#### 2:30 - 3:30 PM

### **Concurrent Education Sessions:**

Optimizing EHR Governance to Improve the User Experience
After the go live is over, the work of EHR optimization begins. In 2014, Dignity
Health initiated a standardized approach to EHR governance with the goal of
optimizing the User Experience. The results have been phenomenal.
Increased throughput, decreased turn-around-time along with greater provider
engagement and satisfaction. This session will share processes and key
lessons learned.

#### OR

## Inappropriate Opioids, Adverse Outcomes and IT Solutions

Little information exists on the appropriateness of opioid prescriptions and how opioid prescribing practices influence health outcomes and medical costs. Using a nationwide database, we linked pharmaceutical and inpatient/outpatient records for individuals with a medical disability due to carpal tunnel release surgery. We found that 29% of cases were prescribed opioids contrary to evidence-based guideline recommendations. Further, patients prescribed an opioid contrary to guidelines had disability durations 2 days longer and medical costs \$422 higher than patients prescribed an opioid according to guidelines. Inappropriate opioid prescriptions for carpal tunnel release may cost the U.S. \$71 million in medical costs and 124,000 disability days. IT solutions are available to prevent inappropriate prescriptions including drug formularies. This session will discuss the integration of opioid guidelines and a drug formulary within Kaiser Permanente's EHR including physician perspectives of the tool.

#### OR

## Creating a Population Health Strategy that Scales

Attendees will learn how UMass Memorial collects data from diverse sources, integrates it, then analyzes it to create a clear picture of population health needs and value-based care performance. They will also learn how UMass Memorial's office of clinical integration managed the cultural change necessary to move from fee-for-service medicine to value-based care.

### 4:00 - 5:00 PM

## **Concurrent Education Sessions:**

## Behavioral Health: A Launchpad for Enterprise Telehealth

As telemedicine continues to change how providers interact with their patients, organizations are expanding already existing telehealth programs or are investing in telehealth technology. Introducing Behavioral Health services via telemedicine can have an immediate impact on a wellbeing of the patient population. Focusing on one service line, Behavioral Health, this session will walk through how Mass General Hospital (MGH) has successfully implemented and continues to grow their telehealth program - beginning with building a strategy through to growing the patient population. Due to the everchanging regulatory telemedicine landscape, a special focus will be placed on the necessary legal considerations when developing a program. Presenters will also touch on a recent expansion of the program to reach island residents and a tourist population off the coast of Massachusetts as well as the new NQF guidelines and how MGH has embarked on implementing the new measures.

	Using Simulation Training to Speed EHR Adoption Successful EHR implementation hinges on several factors with user train in the top rank. Classroom training, while standard, is perceived as high of and low value by many medical professionals. While time in the classroom a component of an overall learning strategy, simulation training is playing increasing role in higher medical education. MD Anderson, faced with a sign-live to launch our EHR, used simulation training to augment classroom work. We created a simulation environment for our physician faculty, advanced practice providers and fellows. We used simulation to augment classroom instruction for over 2000 providers. This approach was well accepted by our faculty and in post go-live evaluation was seen as an extremely valuable experience. This session will include specific example the how this training platform can be used at scale to deliver an enhanced training experience and actionable insight into provider preparation.
	OR
	Five Pillars of a Best-In-Class Cybersecurity Program This session will detail the five vital pillars of building and running an effect cybersecurity program, touching on key best practices undertaking this implementation, barriers you may encounter and how to overcome them, expected successes. This speaker's expertise combined with more than 2
	years of experience will guide audience members from all companies – whether big or small – on the best way to develop and implement a cost-effective, fully functional and adaptable security program.
4:00 <b>–</b> 5:00 PM	Views from the Top – Leveraging Information and Technology to Minimize Health's Economic Challenges with HIMSS CEO Hal Wolf
	Description: Economic pressures and demands on the healthcare industrate poised to intensify in the coming decade. The impending silver tsunar partnered with a shrinking economic base are challenging hospitals and providers to continue to deliver services while maintaining quality of care, facing this full-fledged economic emergency, the health community needs decide quickly where and how to innovate, invest and implement impactfut technologies. Hal Wolf III, President and CEO of HIMSS, will discuss how
	organizations can leverage the value of HIMSS to address the information and technologies needed to face the next decade of economic uncertainty. Attendees will have the ability to participate in a Q&A session at the end of the session.
4:00 - 5:00 PM	Congressional Forum
	<u>Description:</u> The Congressional Forum session provides the opportunity hear from key Senate and House of Representatives staffers about the hear public policy topics that they are addressing as well as the issues when they seek more information and input from constituents.
5:30 - 6:30 PM	HIMSS Communities Carnival
	HIMSS membership include a broad range of professional roles. Take the person opportunity to build your peer network, and mingle with volunteers leaders from HIMSS communities, chapters, committees, task forces, card development, and more.

Wednesday, March 7th, 2018

	Iarch /", 2018
( IVIA C1 <u>.0</u> - 0.15 AIVI	HIMSS Public Policy Leaders Breakfast
	<u>Description:</u> Breakfast with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
8:30 - 9:30 AM	State Officials Panel: Health IT Across the States
8:30 – 9:30 AM	Description: State Officials Panel: Health IT Across the States, where state officials will discuss critical health IT public policy topics and how states have attempted to address them with the help of federal agencies, partner organizations, and in collaboration with other states. This session will provide a compelling discussion on the best practices and lessons learned from state action on key health IT policy issues.  Views from the Top – Inspiring Digital Health innovation: Transformative
0.00 0.00 / 1111	Insights from Across the Globe
9:30 AM – 6:00	Description: Embracing strategies that drive innovation across the healthcare continuum are critical to improving the efficiency and effectiveness of the patient care experience. For those digital health ecosystems that do embrace change through innovation, their healthcare executives recognize that business drivers like quality, cost, and safety are enhanced through disruptive technologies such as artificial intelligence, machine learning, and virtual reality. From this esteemed panel of internationally-recognized experts, attendees will gain insights into the knowledge, the experiences, and the deep learnings that are so critical to driving change. With a focus on the challenges and the opportunities experienced across the people, the processes, and the technologies, panelists will identify those elements that are so critical to establishing and nurturing a culture of innovation.
PM	HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions
(When not attending concurrent educational sessions or for non-scheduled time)	<u>Description:</u> Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and much more.
9:30 AM - 6:00	Interoperability Showcase
(When not attending concurrent educational sessions or for non-scheduled time)	Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
10:00 – 11:00 AM	Concurrent Education Sessions:
	Applying Pop Health to Benefit the Mississippi Delta Region The Mississippi Delta Medicaid Population Health Project was launched to drive targeted community, patient and medical provider interventions using modern Population Health Management solutions. The project has two overarching goals:  1) Reduce the rate of preterm births by 5%; 2) Reduce the progression of

prediabetes to diabetes by 5%. Delta Health Alliance (DHA) in coordination with the Mississippi Division of Medicaid has been able to combine its electronic health record system with claims data from the State MMIS system. This data has been organized in dynamic registries that Medicaid providers have access to, at the point of care, to identify, score and predict the risks for diabetes progression or preterm birth. Phase 1 of the project is focused in a 5-county region throughout the Delta including: Coahoma, Holmes, Leflore, Sunflower and Washington counties. The study is expanding to a 10-county region in Phase 2. Prediabetes Phase 1 results will be complete by August 2017.

#### OR

# Beyond the EHR: Continuous Innovation for the Transition to Value-Based Care

Many healthcare organizations have thought or planned for the transition to value-based care, however most are in the early stages. Learn about how Providence St. Joseph Health has built a strategic roadmap and created practical use cases to get ahead of the shift. This organization has been proactively building the tools and processes to optimize workflow and improve patient outcomes, which includes the development of leading performance indicators as well as use cases to support workflows within a Clinically Integrated Network.

#### **OR**

## Is Blockchain Right for Good Health?

A great deal of hype has been generated about blockchain's capability of redefining the future of enterprises by solving legacy problems that have impeded optimization and innovation. After the blockchain tsunami in the financial sector, the U.S. healthcare system became prime target number two. This session will cover the advancement of blockchain adoption within the healthcare system, progress on certain applications (health record, medical interoperability), and rapidly emerging areas of need (i.e. data breaches, medical device vulnerability).

#### 11:00 - 12:00 AM

## Staff Led VIP Tour of the Interoperability Showcase

#### 11:30 AM – 12:30 PM

#### **Concurrent Education Sessions:**

## Risk Management Framework for DoD Medical Devices

This session will describe the DoD Risk Management Framework (RMF) requirements, workflows and the Defense Health Agency's role in RMF for medical devices.

#### OR

## Patients as Partners: Embracing Patient-Driven Design and Innovation

Participatory design approaches, such as "design thinking" and "maker movement", involving both patients and caregivers have the potential to create innovative and disruptive health solutions that improve care experiences for everyone. In this high-impact session featuring 3 "ignite talks", design experts will showcase how we can move health care forward in the continuum of design to complement the three concurrent strands fueling the surge of participatory and DIY mentality today: "I want to do it," "I can do it," and "let's do it together".

#### OR

## **Embracing Longitudinal Person-Centered Care Plans**

This session will introduce the concept of longitudinal person-centered care plan and describe current Federal and State regulatory levers in place to support the

	standardized, electronic capture, exchange and sharing of person-centered plans across multi-disciplinary settings to include home and community-based settings (HCBS). This session will describe key financial levers such as the CMS Chronic Care Management Codes, CMS Comprehensive Primary Care Plus Payment Model and CMS HCBS Waiver Program, and technical levers such as the ONC 2015 Edition Care Plan Criterion.
1:30pm	Flight departs Las Vegas

## PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee MUST also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

1	Sponsor(s) of the trip (please list all sponsors):
- •	Healthcare Information and Management Systems Society (HIMSS)
2.	Description of the trip: This is an educational experience to attend the HIMSS18 Annual Conference and
	Exhibition for education, innovation and collaboration on health information and technology.
3.	Dates of travel: March 5 - 7, 2018
4.	Place of travel: Las Vegas, NV
5.	Name and title of Senate invitees: Please see attached list of Senate invitee
6.	I certify that the trip fits one of the following categories:  (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal <u>and</u> do not retain or
	employ registered lobbyists or agents of a foreign principal <u>and</u> no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip.
	(B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (see question 9).
7.	I certify that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
	I certify that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
8.	l <i>certify</i> that:
	The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for de minimis lobbyist involvement.
	The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (see question 9)

9.	USE ONLY IF YOU CHECKED QUESTION 6(B)  I certify that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a
	foreign principal, one of the following scenarios applies:
	(A) The trip is for attendance or participation in a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member officer, or employee on any segment of the trip.
	$\frac{1}{1}$ OR $\frac{1}{1}$
	(B) The trip is for attendance or participation in a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip (see questions 6 and 10).  OR —  OR —
	(C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip.
10.	USE ONLY IF YOU CHECKED QUESTION 9(B)  If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:
11.	An itinerary for the trip is attached to this form. I certify that the attached itinerary is a detailed (hourby-hour), complete, and final itinerary for the trip.
12.	Briefly describe the role of each sponsor in organizing and conducting the trip:
	HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS18 is the largest
	healthcare conference, bringing together thought leaders from across the healthcare community, including
1.0	healthcare conference, bringing together thought leaders from across the healthcare community, including providers, IT experts, vendors, and local, federal and state government representatives.
13.	
13.	providers, IT experts, vendors, and local, federal and state government representatives.
13.	providers, IT experts, vendors, and local, federal and state government representatives.  Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:
13.	providers, IT experts, vendors, and local, federal and state government representatives.  Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:  HIMSS is a global, caused-based not-for-profit focused on transforming health through information and
13.	providers, IT experts, vendors, and local, federal and state government representatives.  Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:  HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and
	providers, IT experts, vendors, and local, federal and state government representatives.  Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:  HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and leads efforts to optimize health engagements and care outcomes using information and technology.
	providers, IT experts, vendors, and local, federal and state government representatives.  Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and leads efforts to optimize health engagements and care outcomes using information and technology.  Briefly describe each sponsor's prior history of sponsoring congressional trips:
	providers, IT experts, vendors, and local, federal and state government representatives.  Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and leads efforts to optimize health engagements and care outcomes using information and technology.  Briefly describe each sponsor's prior history of sponsoring congressional trips: HIMSS holds in Annual Conference every year, and invites congressional staff, as well as federal, state,

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HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts					
focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across					as well as across
country.					
Total Expenses	s for Each	Participant:			
		Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
Good Factual Actual Amounts		\$350	\$298	\$124  (Some meals covered in conference registration fee; no alcohol will be provided to Senate staffers)	\$795 (gov't rate conference registration fee waived)  \$350 (pre-conference symposia fee waived)
articipation of	r b) the tri	p involves an event	at is arranged or organ that is arranged or org		_
congressional participation of congressional participation of the trip is organized to the trip	r b) the tri participation anized with	p involves an event on: nout regard to congre	essional participation.	ganized specifically w	_
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participation of congressional participation of the trip is organized Reason for selection accommod Name and local Name and lo	r b) the tripation participation date a continuous tion of hotel	p involves an event on: nout regard to congre- location of the event once brings together of ference of our size.  tel or other lodging for the size of the size o	essional participation.  or trip  over 45,000 attendees	and rotates among	vith regard to
Participation of congressional participation of congressional participation of the trip is organized that the trip is organized the trip is organized to trip is	r b) the tripation participation of hoteld and the control of hoteld a	p involves an event on: nout regard to congre- location of the event once brings together of ference of our size.  tel or other lodging for the size of the size o	essional participation.  or trip  over 45,000 attendees  acility:  Las Vegas, NV 8910	and rotates among	vith regard to

21.	Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:				
	The lodging rate is slightly higher than the per diem rate (by \$15 per night), and the meals rate is				
	comparable. This event is organized without regard to congressional participation and hotel is selected				
	for reasons listed in question 20.				
22.	Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:				
	Coach air and ground transportation.				
23.	I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).				
24.	List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:				
	None provided				
25.	I hereby certify that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you mu  1 signature page for each additional sponsor):  Signature of Travel Sponsor:				
	Name and Title: Carla Smith				
	Name of Organization: HIMSS				
	Address: 33 West Monroe, Suite 1700, Chicago, IL 60603				
	Telephone Number: 734-477-0860				
	Fax Number:				
	E-mail Address: csmith@himss.org				

### **Additional Information**

### Question 5. U.S. Senate Invitees:

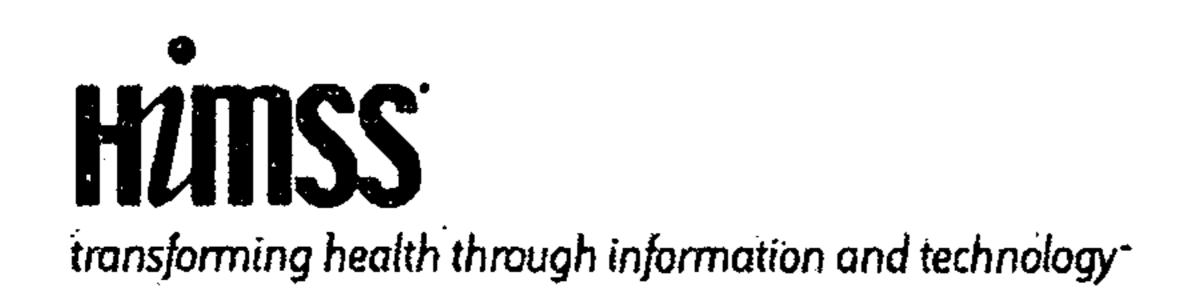
- Brett Baker (Senate Finance Committee)
- Morgan Brand (Sen. Schumer)
- Andrew Burnett, Health Research and Policy Assistant (Senate HELP Committee)
- Jennifer DeAngelis (Sen. Whitehouse)
- Eric Dempsey (Senate Finance Committee)
- Will Dent (Sen. Isakson)
- Marvin Figueroa (Sen. Warner)
- Victoria Flood (Sen. Capito)
- Julia Frederick (Sen. Warren)
- Matt Gallivan (Sen. Cassidy)
- Colin Goldfinch, Senior Health Policy Adviser (Senate HELP Committee)
- Jordan Grossman (Sen. Klobuchar)
- Rita Habib (Sen. Bennett)
- Samantha Helton (Sen. Wicker)
- Elizabeth Henry, Legislative Assistant (Sen. Cochran)
- Virginia Heppner, Professional Staff Member (Senate HELP Committee)
- Will Holloway, Legislative Assistant (Sen. Hatch)
- Danielle Janowski (Sen. Thune)
- Lauren Jee (Sen. Cardin)
- Elizabeth Joseph (Sen. Cochran)
- Adam Lachman (Sen. King)
- Kathleen Laird (Sen. Baldwin)
- Aisling McDonough, Health Legislative Assistant (Sen. Schatz)
- Bobby McMillin, General Counsel (Senate HELP Committee)
- Brett Meeks, Health Counsel (Senate HELP Committee)
- Madeieine Pannell (Senate HELP Committee)
- Lauren Paulos (Sen. Hatch)
- Stuart Portman, Health Policy Adviser (Senate Finance Committee)
- Lorenzo Rubalcava (Sen. Stabenow)
- Kristi Thompson (Senate HELP Committee)
- Beth Vrabel (Senate Finance Committee)
- Arielle Woronoff, Senior Health Counsel (Senate Finance Committee)

Question 23. Note: No alcohol will be provided or served to Senate staffers, as noted on the agenda.

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Date/Time Stamp: ETHIC JHH26\*18PM 1=15

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.
Name of Traveler:  Andrew Walter Burnett
Employing Office/Committee: US Senate Health, Education, Labor, and Pensions Committee
Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)
Travel date(s): Monday, March 5th - Wednesday, March 7th
Note: If you plan to extend the trip for any reason you must notify the Committee.
Destination(s): Las Vegas, NV
Explain how this trip is specifically connected to the traveler's official or representational duties:
Lam second in line on Health Information Technology issues on the Senate HELP Committee. The HELP Committee has jurisdiction over Health IT policy. There were many pieces of the landmark bill, 21st Century Cures Act, that are Health IT related, and the HIMSS conference is the largest engagement of private, local, state, and federal experts on Health IT policy and innovation that have to do with mandates in the 21st Century Cures legislation. Electronic Health Record professionals will be in the dozens to discuss and educate government entities on the spurs of innovation that they are achieving while reaching time-sensitive provisions.
Name of accompanying family member (if any):  Relationship to Employee: Spouse Child  I certify that the information contained in this form is true, complete and correct to the best of my knowledge:
1-26-18
(Date) (Signature of Employee)
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms Secretary for the Majority, Secretary for the Minority, and Chaplain):  I,
an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.
I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box)
1 Tolik (Signify yes by Checking box)    Compan Alexander     (Signature of Supervising Senator/Officer)



33 West Monroe St, Suite 1700 Chicago, IL 60603-5616 Tel 312 664 4467 Fax 312 664 6143 www.himss.org

December 19, 2017

Mr. Andrew Burnett
Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

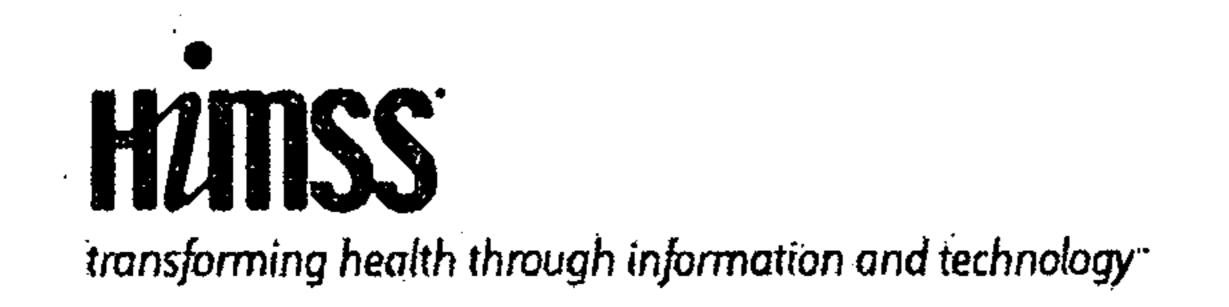
Dear Mr. Burnett:

I am pleased to extend this invitation for you to attend the 2018 Healthcare Information and Management Systems Society (HIMSS) Annual Conference and Exhibition in Las Vegas, Nevada, March 5 – 8 (or March 6 - 9), 2018. This unique opportunity will allow you to learn about the potential and the challenges of healthcare information and technology—including electronic health records, health information exchange, and connected health—to help transform healthcare in America.

HIMSS is a global, cause-based, not-for-profit organization focused on transforming health through information and technology, providing thought leadership, professional development, events, market research, and media services around the world. Founded in 1961, HIMSS represents more than 70,000 individuals, plus over 640 corporations and 450 non-profit partner organizations, that share this cause. HIMSS, headquartered in Chicago, serves the global health IT community with additional offices in the United States, Europe, and Asia. To learn more about ĤIMSS, please visit our website at <a href="https://www.himss.org">www.himss.org</a>. HIMSS North America, a business unit within HIMSS focused on thought leadership in the United States and Canada, serves as the host to U.S. congressional staff at HIMSS professional development conferences.

The HIMSS Annual Conference and Exhibition is one of the healthcare sector's largest conferences. The 2018 HIMSS Annual Conference is anticipated to include over 300 educational events, 1,300 leading health information and technology exhibitors, and over 45,000 professionals from the U.S. and around the world. Attendees include hospital executives, physicians, physician group practice managers, nurses and other healthcare providers, federal and state agency staff, public health agency personnel, state and local government representatives, as well as technology vendors and consultants. To learn more about HIMSS18 and view a detailed conference brochure please visit <a href="https://www.himssconference.org">www.himssconference.org</a>.

During the conference, you may be especially interested in participating in a range of health IT policy events and discussions, including the HIMSS Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, Intelligent Health Pavilion, Federal Health IT Solutions Pavilion, and many other educational opportunities.



33 West Monroe St, Suite 1700 Chicago, IL 60603-5616 Tel 312 664 4467 Fax 312 664 6143 www.himss.org

For the last ten years, HIMSS has offered paid educational opportunities to selected policy makers to attend the HIMSS Annual Conference to learn about the public policy issues and challenges of the system-wide adoption of health information technology. Consistent with Senate and House of Representatives Ethics Rules, HIMSS is extending to you an invitation to attend HIMSS18 for up to three days (72 hours, excluding travel time). HIMSS does not employ or engage a registered lobbyist, lobbying firm, nor do we serve as a foreign agent.

Upon your acceptance of this invitation, we will provide the necessary documents to submit with your request for approval of privately sponsored travel to the Senate Select Committee on Ethics or House Committee on Ethics, as applicable. Requests must be submitted at least 30 days prior to travel (no later than February 5, 2018). HIMSS will also provide instructions to book your travel in compliance with the travel rules once approval has been obtained.

Paid opportunities to attend this unique educational event are limited, so if you will be able to attend please R.S.V.P. no later than January 12, 2018 to allow enough time for you to submit your request to your Ethics Committee at least 30 days prior to travel. Those responding will be accommodated on a first-come, first-serve basis.

If you have any questions, please feel free to contact me or David Gray at <a href="mailto:dgray@himss.org">dgray@himss.org</a> or 703-562-8817.

Sincerely,

Samantha Burch
Senior Director, Congressional Affairs
Healthcare Information and Management Systems Society
4300 Wilson Boulevard, Suite 250
Arlington, VA 22203-4168

Phone: 703.562.8847;

E-mail: sbburch@himss.org

## PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee MUST also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

	onsor(s) of the trip (please list all sponsors):
<u> </u>	ealthcare Information and Management Systems Society (HIMSS)
De	escription of the trip: This is an educational experience to attend the HIMSS18 Annual Conference and
E	chibition for education, innovation and collaboration on health information and technology.
D٤	ates of travel: March 5 - 7, 2018
Pla	ace of travel: Las Vegas, NV
Nε	me and title of Senate invitees: Please see attached list of Senate invitee
I c	ertify that the trip fits one of the following categories:
X	(A) The sponsor(s) are not registered lobbyists or agents of a foreign principal <u>and</u> do not retain or employ registered lobbyists or agents of a foreign principal <u>and</u> no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip.  -'OR -
	(B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (see question 9).
X	I certify that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
	- AND -
X	I certify that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
l c	ertify that:
X	The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for <i>de minimis</i> lobbyist involvement.  - AND -
X	•

9.	USE ONLY IF YOU CHECKED QUESTION 6(B)  I certify that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:
	(A) The trip is for attendance or participation in a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member officer, or employee on any segment of the trip.  -OR-
	<ul> <li>□ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip (see questions 6 and 10).</li> <li>-OR -</li> </ul>
	(C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip.
10.	USE ONLY IF YOU CHECKED QUESTION 9(B)  If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:
	· · · · · · · · · · · · · · · · · · ·
11.	An itinerary for the trip is attached to this form. I certify that the attached itinerary is a detailed (hourby-hour), complete, and final itinerary for the trip.
12.	Briefly describe the role of each sponsor in organizing and conducting the trip:
	HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS18 is the largest
	healthcare conference, bringing together thought leaders from across the healthcare community, including
	providers, IT experts, vendors, and local, federal and state government representatives.
13.	Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global, caused-based not-for-profit focused on transforming health through information and
	technology. HIMSS provides thought leadership, community building, and professional development, and
	leads efforts to optimize health engagements and care outcomes using information and technology.
14.	Briefly describe each sponsor's prior history of sponsoring congressional trips:
	HIMSS holds in Annual Conference every year, and invites congressional staff, as well as federal, state,
	and local policymakers and officials, for this unique learning experience.

HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts					
focused on relevant	health policy issues. Th	nese events are both	on and off Capitol Hill	l, as well as across	
country.					
Total Expenses for Each Participant:					
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	
Good Faith estimate  Actual Amounts	\$350	\$298	\$124	\$795 (conference Registration fee i waived)	
participation or b) the congressional particip	rip involves an event the trip involves an event pation: without regard to congr	that is arranged or or	ganized specifically v	to congressional with regard to	
participation or b) the congressional participation.  The trip is organized.  Reason for selecting to the congression of the co	e trip involves an event pation: without regard to congrete the location of the event	that is arranged or or essional participation	ganized specifically v	vith regard to	
participation or b) the congressional particip. The trip is organized. Reason for selecting the HIMSS Annual Confe	e trip involves an event pation: without regard to congr	that is arranged or or essional participation	ganized specifically v	vith regard to	
participation or b) the congressional particip. The trip is organized. Reason for selecting the trip and accommodate a commodate and accommodate accommodate and accommodate accommoda	e trip involves an event pation: without regard to congrete location of the event erence brings together of	essional participation over 45,000 attendees	ganized specifically v	vith regard to	
participation or b) the congressional particip. The trip is organized. Reason for selecting the HIMSS Annual Confectant accommodate a confectant accommodate and location of	e trip involves an event pation: without regard to congresse location of the event erence brings together conference of our size.	that is arranged or or essional participation or trip over 45,000 attendees facility:	ganized specifically v	vith regard to	
participation or b) the congressional participation. The trip is organized Reason for selecting the HIMSS Annual Confector accommodate a commodate and location of the Venetian and The Content of the Venetian and The Conten	e trip involves an event pation: without regard to congruence brings together conference of our size. Thotel or other lodging for the size of the size	that is arranged or orgensessional participation over 45,000 attendees facility:  Yegas, NV	ganized specifically v	vith regard to	

21.	Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:
	The lodging rate is slightly higher than the per diem rate (by \$15 per night), and the meals rate is
	comparable. This event is organized without regard to congressional participation and hotel is selected
	for reasons listed in question 20.
22.	Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:
	Coach air and ground transportation.
23.	I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).
24.	List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:
	None provided
2,5.	I hereby certify that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you mu  1 signature page for each additional sponsor):  Signature of Travel Sponsor:
	Name and Title: Carla Smith
	Name of Organization: HIMSS
	Address: 33 West Monroe, Suite 1700, Chicago, IL 60603
	Telephone Number: 734-477-0860
	Fax Number:
	E-mail Address: csmith@himss.org

### U.S. Senate Invitees:

- Brett Baker (Senate Finance Committee)
- Morgan Brand (Sen. Schumer)
- Andrew Burnett (Senate HELP Committee)
- Jennifer DeAngelis (Sen. Whitehouse)
- Eric Dempsey (Senate Finance Committee)
- Will Dent (Sen. Isakson)
- Marvin Figueroa (Sen. Warner)
- Victoria Flood (Sen. Capito)
- Julia Frederick (Sen. Warren)
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- Colin Goldfinch (Senate HELP Committee)
- Jordan Grossman (Sen. Klobuchar)
- Rita Habib (Sen. Bennett)
- Samantha Helton (Sen. Wicker)
   Elizabeth Henry (Sen. Cochran)
- Virginia Heppner (Senate HELP Committee)
- Will Holloway (Sen. Hatch)
- Danielle Janowski (Sen. Thune)
- Lauren Jee (Sen. Cardin)
- Elizabeth Joseph (Sen. Cochran)
- Adam Lachman (Sen. King)
- Kathleen Laird (Sen. Baldwin)
- Aisling McDonough (Sen. Schatz)
- Bobby McMillin (Senate HELP Committee)
- Brett Meeks (Senate HELP Committee)
- Madeleine Pannell (Senate HELP Committee)
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- Lorenzo Rubalcava (Sen. Stabenow)
- Kristi Thompson (Senate HELP Committee)
- Beth Vrabel (Senate Finance Committee)
   Arielle Woronoff (Senate Finance Committee)



Congressional Staff Agenda
Location: Sands Expo Center, Las Vegas, NV
March 5 – 9, 2018

Access Full Conference Information here: HIMSS18

All activities are at Sands Expo Center unless otherwise noted.

All times are Eastern Time (EST).

#### Monday, March 5<sup>th</sup>, 2018

~11am Arrive in Las Vegas (ex American 1375)

8:00 AM – 4:30PM Full Day Preconference Symposia and Workshops (ongoing for 8 hours):

## Business of Healthcare Symposium: Going from Good to Great in a Value-Based World

The transition from fee-for-service to pay-for-value payment models is one of the greatest financial challenges the U.S. healthcare system faces. Realizing the full potential of these arrangements requires a level of communication, information sharing, and data integration never contemplated in our historical fee-for-service world. Explore how some of the most successful organizations are navigating these previously uncharted waters by reimagining their patient engagement strategies, contracted provider arrangements, and approach to data analytics, as well as the legal issues that must be taken into consideration when executing these new strategies.

#### OR

Innovation Symposium: Innovation as a Strategic Imperative

Care delivery organizations are often slow to change, and this can impede our ability to meet evolving consumer needs. Organizations that have embraced innovation as a core part of their cultural fabric are more vibrant, enjoy better customer and employee satisfaction, and manage new challenges gracefully. However, there is not a "one-size-fits-all" approach to innovation. Explore the many facets of innovation in healthcare organizations — including innovation types, models and applications; examples of successful innovation programs; organizational abilities and readiness for change; and more.

#### OR

Interoperability and HIE Symposium: Facilitating Person-Centered Interoperable HIE to Manage Complex Populations

Patients' lives, the health and security of our nation's citizens, and the health of the US economy are - in part - reliant on ensuring the right people have the right access to the right health information at the right time. While we have made great strides over the past generation, seamless, secure, nationwide interoperable health information exchange continues to elude us. Although there have been major investments and policies designed to drive standards development, interoperability, and health information exchange, significant barriers and challenges exist. Explore how points of leverage in technology and policy can be used to exploit market-based solutions to this dilemma. A particular focus is current solutions to the requirements of serving complex patients in the context of population health management and new reimbursement models. Because semantic interoperability is not the norm,

challenge today's proven solutions and frameworks, and explore cutting-edge ideas in interoperability that will transform the exchange of health information. Is the future of healthcare destined to be incremental or will innovation and economics drive a great leap forward? Take a closer look at the interaction of technologies with policies, payment reform, emerging standards, and use cases that are furthering our progress toward true healthcare transformation in an interoperable world.

#### OR

## Coordinated and Connected Care Symposium: Tackling the Challenge of Connected and Coordinated Care

Today's healthcare ecosystem is embracing a collaborative, person-centric approach to care throughout all stages and aspects of life. Care teams increasingly incorporate formal and informal members from many organizations and include family members, friends and others from outside the healthcare system. This shared decision-making is increasingly information-driven and interdependent, and ensuring coordination is challenging. Discover strategies for identifying and tackling these challenges, including leadership roles, technical skills, and IT and management strategies.

#### OR

## Long-Term and Post-Acute Care (LTPAC) Symposium: Digital Health in and with LTPAC Settings

Long-term and post-acute care (LTPAC) provider organizations have long played an important yet frequently overlooked role in the U.S. healthcare delivery system. Now, as LTPAC organizations are elevating in prominence in the current healthcare ecosystem via ACOs and population health initiatives, there is a renewed interest in ensuring they have a visible presence in digital health. Following the Certified Associate in Healthcare Information and Management Systems (CAHIMS) certification roadmap, explore issues that LTPAC organizations should consider in leveraging digital health technologies to support their internal and external clinical data needs, and how hospitals, consultants and vendors can best address the specific digital health concerns and challenges of LTPAC organizations.

#### OR

## Precision Medicine Symposium: Journey to the Summit Using Clinical and Business Intelligence

Precision medicine is a fast-evolving field of healthcare that is approaching the mainstream tipping point. Clinical and business intelligence (C&BI) is instrumental in transitioning precision medicine to routine care by delivering analytics, data interoperability and data sharing among the ecosystems' stakeholders (laboratories, health systems, pharma, EMR vendors, research and payers) to inform decision-making in the provider workflow. Explore the precision medicine journey to the summit using C&BI, including the current landscape, future vision, and stakeholder challenges and perspectives.

#### 5:00 - 6:30 PM

### HIMSS18 Opening Keynote

Technology for a Healthier Future: Modernization, Machine Learning, and Moonshots with Eric Schmidt, Executive Chairman of Alphabet Inc. (parent company of Google

6:30 - 8:00 PM	HIMSS18 Opening Reception
	Come celebrate to kick off our conference! Network your way through an evening with live music, food, and friendly conversation. Connect with industry leaders and colleagues alike at this special event open to all registered HIMSS18 conference attendees.
7:00 - 9:00 PM	HIMSS18 Public Policy Leaders Dinner
	<u>Location:</u> TBD
	Description: Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states.

Tuesday, March 6th, 2018

9:30 AM - 6:00 HI	MSS18 Exhibition Hall with live technology demonstrations,
	esentations, and sessions
	•
(When not De	escription: Learn about cutting edge health information technology.
attending Ex	perience thousands of health IT products and services on the HIMSS18
concurrent ex	hibit floor. Features the Meaningful Use Experience — a special live
educational de	monstration area that lets the viewer experience proven, certified EHR
sessions or for so	lutions. Also experience firsthand the Social Media Center, HIMSS
non-scheduled Int	eroperability Showcoco. The Intelligent Uponital Devillar and manage
time)	eroperability Showcase, The Intelligent Hospital Pavilion and more.
	And the state of t
	eroperability Showcase
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<u>De</u>	scription: Explore a health ecosystem where standards-based health IT
(When not en	ables individuals to securely access, contribute to and analyze their own
attending he	alth data. Learn how current health IT products in the market deliver
concurrent sta	andards-based interoperability and health information exchange with an
	eractive learning experience.
sessions or for	
non-scheduled	
time)	
8:30 – 9:30 AM Vie	ews from the Top – How CMS is Leveraging Information and
] Te	chnology in Medicare and Medicaid CMS Administrator Seema Verma
<u>De</u>	scription: Administrator Verma is excited to discuss her efforts to advance
inte	eroperability and patient ownership of healthcare data, to most effectively
lev	erage the latest technologies for patients in Medicare and Medicaid
f 1	ngressional Forum
Dè	scription: The Congressional Forum session provides the opportunity to
hea	ar from key Senate and House of Representatives staffers about the health
I iT i	public policy topics that they are addressing as well as the issues where
the	y seek more information and input from constituents.
8:30 - 9:30 AM Co	ncurrent Education Sessions:
Ad	vancing Digital Health in Canada
• • • • • • • • • • • • • • • • • • •	s session will share the Canadian experience to develop and implement a
	ategy to integrate clinical informatics competencies into the academic
	ulty curricula for Medicine, Nursing and Pharmacy. Canada has invested in
the	building of the electronic health record infrastructure since 2001, and in
	7, it was recognized that to build sustainable change in healthcare, the
	paration of clinicians needed to be addressed as well. This award winning

Commented [GD1]: The Congressional Forum will either by at 8:30am or 5pm on Tuesday.

10 year program began by establishing a governance and leadership structure for each faculty then building upon that to create a collaborative among all the faculties. In the course of developing discipline specific clinical informatics competencies, it was discovered that much of the content could be leveraged across the clinical faculties. A Peer to Peer learning approach was implemented, with Faculty Peer Leaders taking responsibility to disseminate the competencies into curriculum and into clinical practice.

#### OR

#### Managing Medical Device Cybersecurity Vulnerabilities

Medical device cybersecurity continues to evolve. Multiple initiatives are working to improve device cybersecurity, to include development of a Common Vulnerability Scoring System (CVSS) rubric to assess device vulnerability impact and severity; the use of Information Sharing and Analysis Organizations (ISAOs) to help broker medical device vulnerability management; maturing coordinated disclosure processes; device cybersecurity criteria development and testing; and table top exercises to validate vulnerability handling procedures. This session will characterize these initiatives, as well as the relevant FDA and community roles, in helping to realize safer, more secure device clinical operation and use.

#### OR

#### A Framework to Support Measure Development for Telehealth

Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies. The Health Resources and Services Administration (HRSA) defines telehealth as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration". The U.S. Department of Health and Human Services (HHS) called upon the National Quality Forum (NQF) to convene a multistakeholder Telehealth Committee to recommend various methods to measure the use of telehealth as a means of providing care. The Committee was charged to develop a measurement framework that identifies measures and measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities.

#### OR

#### Beyond the Pilot: Value-Driven Innovation

Many institutions experience "death by 1000 pilots," where cutting-edge technologies are implemented for a few months in a few departments, but lasting changes in workflow and culture are never realized. MD Anderson's first Chief Innovation Officer will explore ways to overcome the proverbial "wall of no" and "we've tried that before" attitudes that stifle innovation. Attendees will learn how to scope problems appropriately, which stakeholders to engage at each step of the innovation process, and how to differentiate true pilots from long-term solutions.

#### 9:30 - 10:30 AM

#### HIMSS Staff Led Tour of the HIMSS18 Exhibition Hall

<u>Description:</u> To help familiarize attendees with layout of Exhibition Hall and key specialty areas, including Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, and Intelligent Health Pavilion

10:00 **–** 11:00 AM

#### **Concurrent Education Sessions:**

Enabling a Stronger, More Skilled Global eHealth Workforce
Discover how you can become part of the ongoing transatlantic initiative that is making eHealth work! Find out how the EU\*US eHealth Work Project has been collaborating over the span of 18 months to measure, inform, educate and advance health information technology, digital skills and interprofessional healthcare education on a global level. See the results of what the project has accomplished and hear how we will continue this important work on an ongoing basis through the HIMSS TIGER Initiative. Learn how you can become involved in this groundbreaking and innovative effort to empower the healthcare workforce with digital skills. Bring best practices, tools and resources developed through the project to your institutions. Hear how you and your organization can help educate and train staff, assist interdisciplinary professionals as they progress throughout their careers, and provide management and administration with valuable workforce development benefits now and in the future.

#### OR

Care Pathways and Data Analytics for Advancement of Healthcare
This session will discuss the intelligent automation and clinical workflow
optimization that has allowed for the precise execution of what we already
know to systematically marshal our people, processes and technologies
which have made a profound difference in how to approach improving clinical
and financial outcomes.

#### OR

#### Federal Health Community Forum Session

Government policymaking directly impacts healthcare transformation and health IT, and you need to know what to expect. Participate in the three focused sessions of the Federal Health Community Forum that are specifically designed for special audiences interested in discussing government health IT programs. Gain insight into key government health IT initiatives, plans, priorities, and opportunities.

#### OR

#### Office of the National Coordinator for Health IT (ONC) Session

The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the trusted exchange framework/common agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.

#### OR

#### Optimizing Care Transitions Across the Continuum

Implementing a strategy to address transitions of care across a large integrated health network presents many challenges. Increased pressure to improve utilization rates along with new Transitional Care Management billing opportunities has incentivized health systems to find innovative, cost-efficient ways to ensure transitions occur safely and effectively. One large teaching hospital and health system prioritized a strategy to improve care provided to patients after being discharged. This session will discuss a two-fold approach to a cost-efficient model to address this strategy. First, a centralized

Transition of Care call center was developed employing Registered Nurses and Medical Assistants who place calls to patients post-discharge; this model works on behalf of the primary care providers (PCPs). Secondly, the workflow for this process was streamlined using various functions within the EHR allowing for an increase in staff productivity.

#### 11:30 – 12:30 PM

#### **Concurrent Education Sessions:**

#### Centers for Medicare & Medicaid Services (CMS) Session

The Centers for Medicare & Medicaid Services (CMS) will be presenting on several critical topics in their sessions, including: the agency's quality and innovation work related to its health IT-related Medicare payment policies, including the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Quality Payment Program (QPP), and the Medicaid funding opportunities that exist for providers as well as states in terms of interoperability and Medicaid modernization and modularization.

#### **OR**

#### The Impact of Smartphone Technology in Clinical Practice

This session will discuss study findings and demonstrate how implementing a smartphone solution into clinical practice significantly improved physician response times, increased efficiency and transformed care team communication.

#### **OR**

#### Virtual Reality Gets Real in Healthcare

Recent, real-world case studies in virtual reality (VR) hold promise for medical training as well as operational support. Organizations like the US Army, VA, medical schools, and private hospital systems are exploring new uses. VR is an umbrella term for other areas including augmented reality ("AR") and 3-D. VR and AR technology have advanced to the point where consumer facing immersive VR experiences are accessible at reasonable price points. So far, VR has gotten traction in healthcare mainly as a training and education device, but industry-wide it's a green field for innovation. We've only scratched the surface of VR's potential to disrupt healthcare delivery. New revenue, cost savings and quality gains can be captured from VR across multiple verticals—health system, provider, pharma, payer and consumer. VR can leverage techniques to weave itself into the fabric of healthcare delivery-gamification, social media, narrative, visioning, goal setting and rewards.

#### OR

#### Engaging and Empowering Patients: Redesigning Patient Care

This session will discuss how we transformed care coordination and the patient experience in our Maryland-based health system by implementing a patient engagement and care coordination platform supported by a fully enabled virtual care team. The program streamlined communication, collaboration and coordination among hospitalists, specialists and PCP's and implemented a well-defined patient engagement strategy. By sharing actionable health information, providing 24/7 access to virtual care teams and managing transitions of care, we achieved a 350% reduction in in-patient transfers, 100% completion of discharge follow ups within 48 hours, more than 50% reduction in readmission and 15% reduction in no-shows. Feedback indicates a vastly enhanced patient experience, improved quality of care and better outcomes. We will also discuss how remote patient monitoring using intelligent medical devices demonstrates significant potential to further these

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	goals.
12:00 – 1:00 PM	Federal Health Community Lunch
	Description: A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.
1:00 - 2:00 PM	Concurrent Education Sessions:
	Human Factors and Workforce Solutions to Connected Care The speakers will examine the enablers of, and barriers to, maximizing health IT work force and human factors in achieving progress as the nation moves toward a more distributed healthcare system by 2025. The speakers will provide an update on cross- sectoral discussions held as part of NEHI's "Healthcare Without Walls" project to identify work force and human factor challenges resulting from increased availability and utilization of digital health, telehealth, remote monitoring, artificial intelligence, and cognitive computing technologies. The speakers will also engage the participants in a discussion around possible solutions, model best practices and tools to address the challenges to enable future progress today.
	OR
	Closing the Gap: Risk Insights at the Point of Care Steward Health Care Network is an accountable care organization with 3,500 physicians, 18 hospital campuses, and 25 affiliated urgent care provider locations. Headquartered in Boston, Steward is community-based and physician-led with more than 23,000 employees across four states. With their participation in the Next Generation ACO program, the MassHealth Medicaid ACO and a growing Medicare Advantage footprint, Steward needs to accurately understand patient risk to develop appropriate care programs and ensure appropriate reimbursement to fund those programs. As documentation requirements for continually increase, Steward's investment in a centralized data infrastructure supported a significant financial return and now helps alleviate provider frustration stemming from having to manage patient details in multiple technology platforms. By pushing HCC coding gaps directly to the EHR for provider review, Steward has entered the next phase of a successful risk program.
	Safer Transition from the ER Using Asynchronous Virtual Care Patients leaving the ED lack available post-acute care options, including care coordination. They're at risk to return to the hospital at significant cost, impacting patient safety, care quality, satisfaction with service and re- admissions. Emergency Medicine Consultants sought a solution to engage with patients after discharge which would result in higher levels of patient satisfaction, lower readmissions, and lower system leakage. EMC launched Safe Transitions virtual care in Sept 2016. The post-ED safety program leverages text-first telemedicine to offer no barrier, physician access for patient continuity of care inquiries and ongoing treatment. Broadening the traditional ED visit into a patient-centric, acute care episode improves reliability and builds loyalty between patient and system. This session will describe service adoption and care metrics for this unique post-acute ED telehealth application, as well as future service line plans.
	OR

#### Sutter Health: A Health Data Sharing Case Study

Whether they have sought treatment across the street or across the country, they expect their health data to be available to their physicians and themselves. Sutter Health, a non-profit health system in California, is pioneering health data sharing by leveraging national-level interoperability initiatives like Carequality. They will share best practices in implementing the leading interoperability framework and other health data sharing initiatives, and insights for the future of health data sharing among and between providers, payers, and patients.

#### 2:30 - 3:30 PM

#### Concurrent Education Sessions:

Optimizing EHR Governance to Improve the User Experience
After the go live is over, the work of EHR optimization begins. In 2014, Dignity
Health initiated a standardized approach to EHR governance with the goal of
optimizing the User Experience. The results have been phenomenal.
Increased throughput, decreased turn-around-time along with greater provider
engagement and satisfaction. This session will share processes and key
lessons learned.

#### OR

#### Inappropriate Opioids, Adverse Outcomes and IT Solutions

Little information exists on the appropriateness of opioid prescriptions and how opioid prescribing practices influence health outcomes and medical costs. Using a nationwide database, we linked pharmaceutical and inpatient/outpatient records for individuals with a medical disability due to carpal tunnel release surgery. We found that 29% of cases were prescribed opioids contrary to evidence-based guideline recommendations. Further, patients prescribed an opioid contrary to guidelines had disability durations 2 days longer and medical costs \$422 higher than patients prescribed an opioid according to guidelines. Inappropriate opioid prescriptions for carpal tunnel release may cost the U.S. \$71 million in medical costs and 124,000 disability days. IT solutions are available to prevent inappropriate prescriptions including drug formularies. This session will discuss the integration of opioid guidelines and a drug formulary within Kaiser Permanente's EHR including physician perspectives of the tool.

#### **OR**

#### Creating a Population Health Strategy that Scales

Attendees will learn how UMass Memorial collects data from diverse sources, integrates it, then analyzes it to create a clear picture of population health needs and value-based care performance. They will also learn how UMass Memorial's office of clinical integration managed the cultural change necessary to move from fee-for-service medicine to value-based care.

#### 4:00 - 5:00 PM

#### Concurrent Education Sessions:

#### Behavioral Health: A Launchpad for Enterprise Telehealth

As telemedicine continues to change how providers interact with their patients, organizations are expanding already existing telehealth programs or are investing in telehealth technology. Introducing Behavioral Health services via telemedicine can have an immediate impact on a wellbeing of the patient population. Focusing on one service line, Behavioral Health, this session will walk through how Mass General Hospital (MGH) has successfully implemented and continues to grow their telehealth program - beginning with building a strategy through to growing the patient population. Due to the ever-

changing regulatory telemedicine landscape, a special focus will be placed on the necessary legal considerations when developing a program. Presenters will also touch on a recent expansion of the program to reach island residents and a tourist population off the coast of Massachusetts as well as the new NQF guidelines and how MGH has embarked on implementing the new measures. OR Using Simulation Training to Speed EHR Adoption Successful EHR implementation hinges on several factors with user training in the top rank. Classroom training, while standard, is perceived as high cost and low value by many medical professionals. While time in the classroom is a component of an overall learning strategy, simulation training is playing an increasing role in higher medical education. MD Anderson, faced with a single go-live to launch our EHR, used simulation training to augment classroom work. We created a simulation environment for our physician faculty, advanced practice providers and fellows. We used simulation to augment classroom instruction for over 2000 providers. This approach was well accepted by our faculty and in post go-live evaluation was seen as an extremely valuable experience. This session will include specific examples of the how this training platform can be used at scale to deliver an enhanced training experience and actionable insight into provider preparation. OR Five Pillars of a Best-In-Class Cybersecurity Program This session will detail the five vital pillars of building and running an effective cybersecurity program, touching on key best practices undertaking this implementation, barriers you may encounter and how to overcome them, and expected successes. This speaker's expertise combined with more than 25 years of experience will guide audience members from all companies whether big or small – on the best way to develop and implement a costeffective, fully functional and adaptable security program. 4:00 - 5:00 PM Views from the Top - Leveraging Information and Technology to Minimize Health's Economic Challenges with HIMSS CEO Hal Wolf **Description:** Economic pressures and demands on the healthcare industry are poised to intensify in the coming decade. The impending silver tsunami partnered with a shrinking economic base are challenging hospitals and providers to continue to deliver services while maintaining quality of care. In facing this full-fledged economic emergency, the health community needs to decide quickly where and how to innovate, invest and implement impactful technologies. Hal Wolf III, President and CEO of HIMSS, will discuss how organizations can leverage the value of HIMSS to address the information and technologies needed to face the next decade of economic uncertainty. Attendees will have the ability to participate in a Q&A session at the end of the session. 5:00 - 6:00 PM Congressional Forum **Description:** The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health T public policy topics that they are addressing as well as the issues where they seek more information and input from constituents. 5:30 - 6:30 PM **HIMSS Communities Carnival** HIMSS membership include a broad range of professional roles. Take this inperson opportunity to build your peer network, and mingle with volunteers and

	leaders from HIMSS communities, chapters, committees, task forces, career development, and more.
7:00 - 8:00 PM	HIMSS Public Policy Reception
	<u>Location</u> : TBD
	<u>Description:</u> Reception with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
	Dinner on your own

Wednesday, Ma	arch 7 <sup>th</sup> , 2018
7:00 – 8:15 AM	HIMSS Public Policy Leaders Breakfast
	<u>Description:</u> Breakfast with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
8:309:30 AM	State Officials Panel: Health IT Across the States
	Description: State Officials Panel: Health IT Across the States, where state officials will discuss critical health IT public policy topics and how states have attempted to address them with the help of federal agencies, partner organizations, and in collaboration with other states. This session will provide a compelling discussion on the best practices and lessons learned from state action on key health IT policy issues.
8:30 — 9:30 AM	Views from the Top – Inspiring Digital Health innovation: Transformative Insights from Across the Globe
9:30 AM - 6:00 PM	Description: Embracing strategies that drive innovation across the healthcare continuum are critical to improving the efficiency and effectiveness of the patient care experience. For those digital health ecosystems that do embrace change through innovation, their healthcare executives recognize that business drivers like quality, cost, and safety are enhanced through disruptive technologies such as artificial intelligence, machine learning, and virtual reality. From this esteemed panel of internationally-recognized experts, attendees will gain insights into the knowledge, the experiences, and the deep learnings that are so critical to driving change. With a focus on the challenges and the opportunities experienced across the people, the processes, and the technologies, panelists will identify those elements that are so critical to establishing and nurturing a culture of innovation.  HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions
(When not attending concurrent educational sessions or for non-scheduled time)	<u>Description:</u> Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and much more.
9:30 AM - 6:00 PM	Interoperability Showcase
(When not attending	Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based

1) Reduce the rate of preterm births by 5%; 2) Reduce the progression of prediabetes to diabetes by 5%. Delta Health Alliance (DHA) in coordination with the Mississippi Division of Medicaid has been able to combine its electronic health record system with claims data from the State MMIS system. This data has been organized in dynamic registries that Medicaid providers have access to, at the point of care, to identify, score and predict the risks for diabetes progression or preterm birth. Phase 1 of the project is focused in a 5-county region throughout th Delta including: Coahoma, Holmes, Leflore, Sunflower and Washington counties. The study is expanding to a 10-county region in Phase 2. Prediabetes Phase 1 results will be complete by August 2017.  OR  Beyond the EHR: Continuous Innovation for the Transition to Value-Based Care Many healthcare organizations have thought or planned for the transition to value based care, however most are in the early stages. Learn about how Providence S Joseph Health has built a strategic roadmap and created practical use cases to g ahead of the shift. This organization has been proactively building the tools and processes to optimize workflow and improve patient outcomes, which includes the development of leading performance indicators as well as use cases to support workflows within a Clinically Integrated Network.  OR  Is Blockchain Right for Good Health? A great deal of hype has been generated about blockchain's capability of redefining the future of enterprises by solving legacy problems that have impeded optimization and innovation. After the blockchain tsunami in the financial sector, the U.S. healthcare system became prime target number two. This session will cover the advancement of blockchain adoption within the healthcare system, progress on certain applications (health record, medical interoperability), and		interpretability and health information exchange with an interactive learning
sessions or for non-scheduled time)  10:00 – 11:00 AM  Concurrent Education Sessions:  Applying Pop Health to Benefit the Mississippi Delta Region The Mississippi Delta Medicaid Population Health Project was launched to drive targeted community, patient and medical provider interventions using modern Population Health Management solutions. The project has two overarching goals: 1) Reduce the rate of preterm births by 5%; 2) Reduce the progression of prediabetes to diabetes by 5%. Delta Health Alliance (DHA) in coordination with the Mississippi Division of Medicaid has been able to combine its electronic health record system with claims data from the State MMIS system. This data has been organized in dynamic registries that Medicaid providers have access to, at the point of care, to identify, score and predict the risks for diabetes progression or preterm birth. Phase 1 of the project is focused in a 5-county region throughout the Delta including: Coahoma, Holmes, Lefbre, Sunflower and Washington counties. The study is expanding to a 10-county region in Phase 2. Prediabetes Phase 1 results will be complete by August 2017.  OR  Beyond the EHR: Continuous Innovation for the Transition to Value-Based Care Many healthcare organizations have thought or planned for the transition to value based care, however most are in the early stages. Learn about how Providence S Joseph Health has built a strategic roadmap and created practical use cases to gahead of the shift. This organization has been proactively building the tools and processes to optimize workflow and improve patient outcomes, which includes the development of leading performance indicators as well as use cases to support workflows within a Clinically Integrated Network.  OR  Is Blockchain Right for Good Health?  A great deal of hype has been generated about blockchain's capability of redefining the future of enterprises by solving legacy problems that have impeded optimization and innovation. After the blockchain tsunami in the financial sector, the U.S. heal		
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11:00 - 12:00 AM Staff Led VIP Tour of the Interoperability Showcase		A great deal of hype has been generated about blockchain's capability of redefining the future of enterprises by solving legacy problems that have impeded optimization and innovation. After the blockchain tsunami in the financial sector, the U.S. healthcare system became prime target number two. This session will cover the advancement of blockchain adoption within the healthcare system,
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11:30 AM – Concurrent Education Sessions:	11:30 AM -	Concurrent Education Sessions:
12:30 PM  Risk Management Framework for DoD Medical Devices  This session will describe the DoD Risk Management Framework (RMF)		Risk Management Framework for DoD Medical Devices This session will describe the DoD Risk Management Framework (RMF) requirements, workflows and the Defense Health Agency's role in RMF for medical devices.
Patients as Partners: Embracing Patient-Driven Design and Innovation Participatory design approaches, such as "design thinking" and "maker		Patients as Partners: Embracing Patient-Driven Design and Innovation Participatory design approaches, such as "design thinking" and "maker

		movement", involving both patients and caregivers have the potential to create innovative and disruptive health solutions that improve care experiences for everyone. In this high-impact session featuring 3 "ignite talks", design experts will showcase how we can move health care forward in the continuum of design to complement the three concurrent strands fueling the surge of participatory and DIY mentality today: "I want to do it," "I can do it," and "let's do it together".
		OR
		Embracing Longitudinal Person-Centered Care Plans  This session will introduce the concept of longitudinal person-centered care plan and describe current Federal and State regulatory levers in place to support the standardized, electronic capture, exchange and sharing of person-centered plans across multi-disciplinary settings to include home and community-based settings (HCBS). This session will describe key financial levers such as the CMS Chronic Care Management Codes, CMS Comprehensive Primary Care Plus Payment Model and CMS HCBS Waiver Program, and technical levers such as the ONC 2015 Edition Care Plan Criterion.
ł	1:00 – 2:00 PM	Federal Health Community Lunch
		Description: A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.
	1:00 - 2:00 PM	Concurrent Education Sessions:
		Connected Care: VA, Virtual Health, and the Patient Experience This session focuses on the next phase of VA's digital transformation—the integration of mobile, telehealth and electronic health record (EHR) tools to provide a seamless experience of care delivery that gives Veterans and care teams a cohesive system to access, manage and track health holistically over time.
		OR
		Digital Transformation Across the Healthcare Ecosystem  Learn industry perspectives to address strategies and best practices for navigating this shift across an organization including leadership, business operations, patient engagement strategies and technological advancements. Realize the value proposition for evolving your organization alongside the pace of today's technological disruption.
		OR
		Shared Governance and Analytics Framework Improves Quality In this session, MultiCare will illustrate how a shared governance arrangement built a strategic framework for the use of analytics to deliver not only broader quality outcomes, but also service excellence and affordable care.
	~1:30pm	Depart Las Vegas (ex American 2536)